FEB 17 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1952

1. PLACE OF DEATH

County _Johnson_

Township

City _Warrensburg_ (No. _____,

Registration District No. _481_

Primary Registration District No. _3023_

File No. _____

Registered No. _5_

St. , Ward)

2. FULL NAME _George Chappell Cooley_

(a) Residence, No. _Six N Holden_ St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	Wh	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _Sabrina J. Cooley_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Oct. 28, 1851_

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
	85	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _retired merchant_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _262_

10. Date deceased last worked at this occupation (month and year) _20 yrs ago_

11. Total time (years) spent in this occupation _?_

12. BIRTHPLACE (CITY OR TOWN) _Potsdam New York_
(STATE OR COUNTRY)

FATHER

13. NAME _George Rich Cooley_

14. BIRTHPLACE (CITY OR TOWN) _Mass._
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME _Fannie Chappell_

16. BIRTHPLACE (CITY OR TOWN) _unknown_
(STATE OR COUNTRY)

17. INFORMANT _Mrs R. C. Flake_
(ADDRESS) _812 N Holden Warrensburg Mo_

18. BURIAL, CREMATION, OR REMOVAL
PLACE _Clinton Okla_ DATE _Jan 15_ 1937

19. UNDERTAKER _W.F. Wilcox Funeral Service_
(ADDRESS) _Warrensburg Mo._

20. FILED _Jan 15_ 1937 _Esau Henley_
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Jan 14_ 1937

22. I HEREBY CERTIFY, That I attended deceased from _Jan 10_, 19_37_, to _Jan 14_, 19_37_.

I last saw h__ alive on _Jan 14_, 1936. Death is said to have occurred on the date stated above, at _3:30_ P. m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia Date of onset _Jan 10_

Other contributory causes of importance

Name of operation _none_ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _no_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____ M. D.

(Address) _____